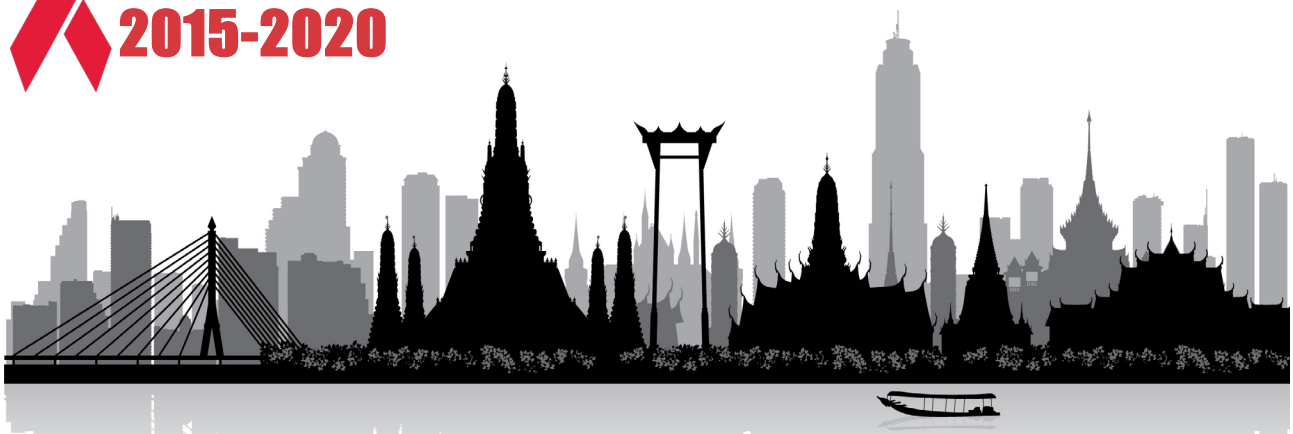
BANGKOK Fast Track City Report
2015-2020



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Acronyms

APCOM	Asia Pacific Coalition for Men's Sexual Health
ART	Antiretroviral treatment
BMA	Bangkok Metropolitan Administration
BSMS	Bangkok Site Monitoring System
CBO	Community-based organisations
CCA	(UNAIDS/UNDP Thailand) Country Common Analysis
DTG	Dolutegravir
EMTCT	Elimination of mother-to-child transmission of HIV
HPV	Human papillomavirus
IAPAC	International Association of Providers of AIDS Care
IBBS	Integrated Bio-Behavioural Survey
IHRI	Institute of HIV Research and Innovation
KIIs	Key informant interviews
LNOB	Leave No One Behind
MMD	Multi-month dispensing
MSM	Men who have sex with men
M&E	Monitoring and evaluation
NEAB	Network of Ending AIDS in Bangkok
NGO	Non-governmental organisation
NHSO	Thailand National Health Security Office
PEP	Post-exposure prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People living with HIV
PMTCT	Prevention of mother-to-child transmission of HIV
PrEP	Pre- exposure prophylaxis
PWID	People who inject drugs
PWUD	People who use drugs
RSAT	Rainbow Sky Association for Thailand
RRTTPR	Reach-recruit-test-treat-prevent-retain
SDART	Same-day ART
STIs	Sexually transmitted infections
SWING	Service Workers In Group
SW	Sex workers
TB	Tuberculosis
TDL	Tenofovir, Lamivudine, and Dolutegravir
TGW	Transgender women
TUC	Thailand Ministry of Public Health – U.S. Centers for Disease Control and Prevention Collaboration
UNAIDS	United Nations Programme on AIDS
UNICEF	United Nations International Children's Emergency Fund
USAID	U.S. Agency for International Development
U=U	Undetectable equals untransmittable

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Executive summary

The purpose of this report is to present the findings of an evidence-based review of progress during 2015-2020 for Bangkok as a Fast-Track City for Ending AIDS by 2030 under the Fast-Track Cities Initiative. The report discusses achievements to date, programme highlights, what remains to be done and strategic directions towards 2030.

Bangkok is a founding member of the Fast-Track Cities Initiative to End AIDS in 2030 which was launched in 2014 through the Paris Declaration on Fast Track Cities Ending the AIDS Epidemic to galvanize cities to achieve the Fast-Track targets especially the 90-90-90 targets.

The HIV epidemic in Bangkok and in Thailand more generally is concentrated among key populations. Those most affected are men who have sex with men (MSM), sex workers and their clients, transgender women and people who inject drugs (PWID). Migrants and prisoners are also vulnerable to HIV in the city. Young people from key populations are particularly at risk of acquiring HIV. For 2017-2021, Bangkok Metropolitan Administration (BMA) projected that there would be 10,327 new infections in Bangkok of which 69% would be among MSM and 22% among married couples. The number of people living with HIV (PLHIV) was estimated at 77,937 at the end of 2017.

HIV prevalence is declining in the city due to successful HIV prevention programmes. These programmes have increased in scale and intensity since 2014 and have led to a decline in new infections particularly among older MSM, but have yet to have an effect on younger MSM who have well observed generational behavioural differences and are at risk from a growing epidemic of sexually transmitted infections.

Steady progress has been made in Bangkok

By 2020, Bangkok had made steady progress in its commitment to the Paris Declaration towards elimination of AIDS and offers many important lessons to other fast track cities. The gains need to be sustained and scaled up to address the remaining gaps.

- **The elimination of mother-to-child transmission:** Thailand has successfully achieved the targets for the elimination of mother-to-child transmission (EMTCT) of HIV and syphilis, set by the World Health Organization (WHO). The 2020 target has been met with 7 new infections per 100,000.

- **The declining number of deaths among PLHIV:** Bangkok is well on track to meet the Zero death target. There has been a steady decline in PLHIV deaths in Bangkok since 2015. The current estimate is for 2,056 deaths in 2020 (28 deaths per 100,000). It meets the Fast-Track target of 50% reduction by 2020.

- **The percentage of PLHIV who know their HIV status (The first 90):** Data show that the city achieved the first 90 target in 2018 from a starting point of 74% in 2015. It has increased further to 96% in 2020. This means that the first 90 target has been achieved and sustained.

- **The percentage of PLHIV who are on ART and who have viral suppression (The third 90):** Progress towards the third 90 has also improved reaching 72% in 2020. This is slightly behind the 90-81-73 targets which is 73%.

There remains work to be done across the spectrum of key populations for epidemic control

- **The number of new HIV infections:** Modelled data show a steady decline in the number of new infections from 3,932 in 2010 to 1,282 in 2020. This represents a decline of 67.4% over the period which is close to the Global indicator set at 75% by 2020. BMA has not yet achieved the target set at <900 cases for 2020.

- **The percentage of stigma and discrimination in health facilities:** Available data indicate that there is a long way to go before PLHIV are free from stigmatisation and discrimination in Bangkok health services. Although data show evidence of a decline in stigmatising attitudes, self-stigmatisation appears to be a significant barrier to PLHIV seeking and obtaining services from hospitals.

- **The percentage of PLHIV receiving ART (The second 90):** Progress towards the second 90 has improved from 38% in 2015 to 74% in 2020. This, however, is some way below the 90% target (81%) with a 7% gap.

There are notable enabling elements towards ending AIDS in Bangkok as follows:

- BMA has provided the **strategic vision** through developing a long-term plan to end AIDS in the city, including the key indicators together with short and longer-term strategies to achieve the ambitious ending AIDS goal.

- The City has given priority to **a people-centred approach** with effective leverage of innovations to its HIV response. There are successful innovative programmes and differentiated HIV services for key populations such as key population-led health services (KPLHS), differentiated pre-exposure prophylaxis (PrEP) services, transgender health programming, technical support for accreditation and domestic financing for community-based organisations (CBOs), all of which are contributing to building an appropriate response reflecting local needs.

- The City has prioritised **using local evidence to inform the city response** – Bangkok is the first province to have developed an HIV estimation, pioneered implementation research for policy change, used high-quality research that has informed decisions not only for the city response but also national policies.

- The City has **collaborative partnerships** among government, communities, academia and research institutions which are at the heart of the city's HIV response.

- The City has made a significant difference to the lives of **migrant workers** who are among the most marginalised populations in the city through extending treatment programming at the BMA Health Centres.

- BMA has effectively leveraged **city health care system** by integrating HIV services close to the people. Public health facilities of BMA have made great progress in providing same day and rapid ART initiation among newly diagnosed PLHIV as well as provide 3 months or more multi-month dispensing of ARV.

- BMA has taken strategic action to **remove structural barriers to treatment** arising from restrictive geographical eligibility to accessing Universal Health Coverage (UHC), resulting in better access to treatment. The BMA public health facilities as well as primary health care centres have made significant progress in providing same day and rapid ART initiation services as well as implementing multi-month dispensing of ARV to improve access to treatment.

- The **Network of Ending AIDS in Bangkok and the Bangkok Site Monitoring System** have been set up to further enhance City HIV programming as well as data harmonisation across various heath care facilities and schemes, resulting in more accurate treatment data – the second 90.

- **Institutional capacity** within the Bangkok health system has been steadily built to implement a range of key innovations and to measure results. CBOs are becoming more central and capable in their role, particularly in relation to rolling out KPLHS. An important development has been the accreditation of CBOs to enable them to provide differentiated HIV services to their peers. Resources both domestic and donor-funded have been mobilised to support these activities.

Towards 2030:

In order to achieve the 2025 targets – the 95-95-95 and 10-10-10 targets, the following recommendations are made to accelerate progress in Bangkok:

- The City should further **capitalize on expanding effective innovations and partnerships** to advance progress in the reach-recruit-test-treat-prevent-retain strategy (RRTTPR). Bangkok aims to advance scaling up of PrEP, the expansion of same-day ART (SDART) and TG health services and the integration of STIs and HIV services including self-testing and addressing Hepatitis B/Hepatitis C.

- **A stronger emphasis on stigma and discrimination reduction** is needed to address the human rights issues as well as anachronistic legislation that targets and criminalises key populations. More effort will also be given to overcoming misconceptualisation and perceived complexity of U=U messaging among health care facilities.

- **No-one will be left behind in the Bangkok City HIV response.** A stronger focus on all key populations will be made with insights from intersectionality analysis to ensure that there are no important gaps in programming. In particular, increased investment will be made for people who inject drugs PWID, young MSM and TGW and non-venue-based sex workers. BMA has provided service and budget support to HIV services for non-Thais including migrant workers. This should continue and a secure funding mechanism can be a role model for other countries in the region.

- **Further mobilisation of resources** will be made through a social contracting mechanism for CBOs and key population-led organisations while intensifying support for accreditation and domestic financing. Resources for health system maintenance, human resource capacity building, monitoring and evaluation should also be planned to cover external sources of fund which may be reduced in the future.

- The Bangkok HIV Strategy should maintain **an inclusive approach** to better reflect the progress made and the remaining challenges such as stigma and COVID-19. The City HIV response will continue to galvanise and unite partners in achieving the common goal of ending AIDS by 2030. BMA is currently piloting a new HIV recent infection surveillance system to identify clusters of HIV new infection which will inform targeted public health interventions and stop further transmission. Data from recency testing and acute HIV diagnosis can be used to support tracking of progress towards the 2025 targets in Bangkok.

Introduction

Purpose

This report assignment presents an evidence-based review of progress towards ending AIDS for Bangkok, as a Fast-Track City at the end of 2020. The review was conducted with an objective to strengthen Bangkok Metropolitan Administration (BMA) political commitment as well as facilitating the city's ownership of strategic directions and priority areas for attaining the 2025 targets, endorsed by the Political Declaration on AIDS, 2021.

This report reviews progress of the HIV response in Bangkok during 2015-2020 after joining the Fast-Track Cities Initiative in 2014. It reviews available data in line with the agenda set by the Paris Declaration of 2014 for this initiative. The report discusses strategic priorities towards ending AIDS in 2030.

Methods

The main method used for preparing this report was a desk review of published and unpublished documents, obtained through online searches and requests for information from key informants and stakeholders. The search involved gathering and reviewing policy documents, strategies, indicators, data sets, guidelines, studies, research articles in peer-reviewed journals as well as grey literature.

Data for the key Fast-Track Cities indicators were obtained from the Fast-Track Cities website, UNAIDS Thailand and BMA. The desk review was complemented by key informant interviews (KIIs), involving a range of stakeholders who are involved in the Bangkok HIV response, which were conducted online or via phone calls. These included community-based organisations, research institutions, international organisations and U.N. agencies. Semi-structured interviews were conducted using guiding questions.

Limitations

The review was conducted during a period of COVID-19 lockdown in Bangkok which constrained the availability of key informants and ruled out face-to-face interactions. A major limitation is the lack of annual work plans and reporting on progress in line with the key indicators for this initiative. There is a strong reliance on modelled data for key indicators rather than empirical data.

The Fast-Track Cities Initiative in Bangkok

> As the Governor of Bangkok, I have the responsibility for the well-being of the people of Bangkok. I am concerned that HIV continues to impact adversely on the city's economy, society, public health and human resources, and I am committed to ending the AIDS epidemic by 2030. I am confident that through the dedication and collaboration of all sectors of society, with innovation and optimization of action, our target to end AIDS can be achieved, thus helping Bangkok to be a healthier city and a desirable place to live that offers quality of life and happiness for its citizens. We hope that with strong partnership and dedicated effort by all sectors, we shall be able to end AIDS by 2030. We are confident that together, we can.

Mom Rajawongse Sukhumbhand Paripatra,
Governor of Bangkok
The Cities Report, UNAIDS Outlook, 2014

The importance of Bangkok in ending AIDS in Thailand

Bangkok has been an important city in the national HIV response since the first case was identified in 1985 (Phanuphak, 1985). Risk and vulnerability to HIV are higher than in rural areas due to a range of factors, such as migration, overcrowding, and social and economic inequalities. Urbanization may also bring about cultural and social changes that provide increased opportunities for HIV risk behaviour, and key populations, who are at higher risk of HIV exposure, are often concentrated in urban areas, including Bangkok. Tourism both international and national has been a significant factor in the emergence and persistence of an HIV epidemic in the city.

Bangkok is considered a high HIV burden province. It has the highest number of new HIV infections and the highest number of estimated people living with HIV (PLHIV) in Thailand. These represented a third of all new infections in the country at the start of the initiative (BMA, 2017). Key populations – men who have sex with men (MSM), transgender women (TGW), people who inject drug (PWID) and sex workers (SW) – account for more than two third of new infections in the city. Of these, MSM present more than 50% of all new infections, according to BMA analysis.

Available data indicate a number of important issues concerning key populations to be addressed is AIDS is to be eliminated in Bangkok by 2030. These include:

- **Younger populations of MSM appear to be increasingly at risk of HIV and sexually transmitted infections:** Available data show a consistent decline in new HIV infections among MSM resulting from increased HIV prevention activities since 2014. MSM represent

the largest at-risk group among the key populations and people living with HIV in Bangkok. The estimated HIV prevalence was at 10.3% in 2018 having declined from 30% in 2014 (Griensven, et al, 2021). Achieving the targets set for ending AIDS in Bangkok will depend to a very large degree on addressing the evolving risk behaviours of this population and ensuring they are able to access HIV services. Younger populations of MSM appear to be increasingly at risk of HIV and sexually transmitted infections. This indicates a need for increased investments in MSM programming among adolescent boys and young men.

- **Transgender women (TGW), especially younger TGW need increased targeted programming:** TGW are a group with their own specific challenges which include low education levels, using amphetamine-type stimulants as well as stigma and discrimination. Data on TGW access to HIV testing, PrEP and treatment are limited for this group. Available data indicate younger TGW are more likely to be HIV positive than older. The first IBBS among TGW was conducted in Bangkok in 2005, where HIV prevalence was 11.5%. By 2018, this had increased to 17.3%. (Griensven, et al, 2021). They are also at risk of gender-based violence. There is currently only one TG-specialised clinic in Bangkok – the Institute of HIV Research and Innovation (IHRI) Tangerine Clinic. Overall, the availability of services for this group falls far short of what is needed to end AIDS.

- **People who inject drugs (PWID) programming requires attention:** A quarter of Thailand's estimated PWID live in Bangkok. HIV prevalence remains stubbornly high among this group (7.4%, PWID IBBS 2020). Hepatitis C (HCV) prevalence was found to be as high as 40.7%. Females comprise 19% of those injecting drugs in Bangkok. They tend to be more stigmatised and vulnerable than male drug injectors. There are low levels of HIV testing and awareness of PEP and PrEP. There is, however, evidence of a decline in needle sharing among injecting drug users but behaviours are changing. New drugs are being injected and there is an emerging risk behaviour such as chemsex where unprotective sex, drug use and injecting risk behaviours are overlapping. Drug use in Thailand is both criminalised and highly stigmatised, which discourages PWID from accessing health services. The Zero-Tolerance approach adopted is often abusive and can contravene international human rights law. There is little research on PWID and little current information about risk behaviours. The IBBS 2019-2020 found that PWID in Bangkok are young – 52% between 15-24 and 49% having started injecting drug use between the ages of 15-19. More investment needs to be made to strengthen PWID programming.

- **Sex workers remain at risk of HIV, particularly among non-venue-based and male sex workers:** All forms of sex work are illegal in Thailand. There is a lack of reliable data on the size and composition of the sex worker population. BMA estimates that there are 27,255 female sex workers and 3,817 male sex workers in Bangkok in 2017 (BMA Strategic Plan). Among venue based female sex workers, HIV prevalence was estimated at 0.2 per cent (2016). There is concern that freelance sex workers (i.e. non-venue based) could see rising infections as these are more difficult to reach with HIV services. They include the most mobile and marginalised with higher risk customers. HIV prevalence among this group was estimated at 2.9% in 2016. HIV prevalence is higher among male sex workers, estimated at 13.3% (2016). Among male sex workers, HIV prevalence is estimated at 13.3% (2016). There is a need to decriminalise sex work.

The Paris Declaration

The Fast-Track Cities Initiative recognises the critical importance of cities in ending AIDS by 2030. Cities like Bangkok play a critical role in both the AIDS epidemic and the response. More than half of the world's population currently lives in cities and in most countries, cities account for a large and growing proportion of the national HIV burden.

The Fast-Track Cities Initiative was launched in 2014 when mayors from 26 global cities, including Bangkok, met and endorsed the Paris Declaration on Fast-Track Cities Ending the AIDS Epidemic (UNAIDS, 2014). Since then, more than 300 cities and municipalities have endorsed the declaration. This pioneering initiative is supported globally by UNAIDS, UN-Habitat, the International Association of Providers of AIDS Care (IAPAC) and the City of Paris, in collaboration with local governments from six continents.

The Paris Declaration aims to galvanize cities to achieve the Fast-Track targets especially the 90-90-90 targets, in which 90% of people know their HIV status; 90% of those who know their HIV status are on treatment and 90% of those on treatment have supressed viral loads. The 90-90-90 targets refer to the pathway by which a person is tested, linked and retained in HIV care, and initiates and adheres to antiretroviral treatment (ART), also known as the treatment cascade, to achieve viral suppression. The Declaration was amended in 2018 to include new scientific evidence on the relationship between viral load suppression and the transmission of HIV (known as undetectable equals untransmittable, or U = U) and the role of pre- exposure prophylaxis (PrEP). It also emphasizes the importance of integrating services for HIV, tuberculosis (TB) and viral hepatitis (UNAIDS, 2018).

The mayors who were signatories to the Paris Declaration committed to seven core actions:

1. End the AIDS epidemic in cities by 2030	This includes a commitment to achieve the 90-90-90 targets and other Fast Track targets in order to end the AIDS, tuberculosis and viral hepatitis epidemics by 2030. The signatories commit to providing sustained quality HIV testing, treatment and prevention services, including PrEP, in a comprehensive approach to ending AIDS. There is a commitment to eliminating HIV-related stigma and discrimination.
2. Put people at the centre of the AIDS response	This commitment involves focusing efforts on people who are vulnerable to HIV, tuberculosis, viral hepatitis and other diseases. Nobody will be left behind. Efforts will be made to realize and respect the human rights of all affected people. People living with HIV will be included in decision making around policies and programming that affect their lives.
3. Address the causes of risk, vulnerability and HIV transmission	All means will be used to address factors that make people vulnerable to HIV, including laws that discriminate or criminalize key populations. People affected by HIV will enjoy equal participation in civil, social, economic and cultural life, free from prejudice, stigma and discrimination, violence or persecution.

4. Use the city AIDS response for positive social transformation	City leadership will leverage innovative social transformation to build societies that are equitable, inclusive, responsive, resilient and sustainable. Health and Advances in science, technology and communication will drive the social transformation agenda.
5. Build and accelerate an appropriate response reflecting local needs	Cities will develop and promote services that are innovative, safe, accessible, equitable and free from stigma and discrimination. Community leadership will be encouraged to build demand for and to deliver services that are responsive to local needs.
6. Mobilize resources for integrated health and sustainable development	City plans and resources will be adapted for a Fast-Track response to HIV, tuberculosis, viral hepatitis and other diseases within the context of an integrated public health approach. Innovative funding strategies will be developed and additional resources mobilized to end the AIDs epidemic by 2030.
7. Unite as leaders	The mayors committed to develop an action plan to guide the city's Fast Track efforts. Work will be conducted in broad consultation with everyone concerned. Results will be regularly measured and responses adjusted so as to be faster, smarter and more effective. Cities will report annually on progress. Other cities will be supported and experiences shared in relation to what work works and what can be improved.

The Paris Declaration Commitments provide a framework for assessing the performance of city HIV responses such as Bangkok. These will be used to inform and structure analysis in this report.

Bangkok Metropolitan Administration (BMA) – Uniting as leaders

> With a third of the country's new HIV infections, Bangkok lies at the heart of Thailand's AIDS epidemic. As Governor of Bangkok, I strongly believe we must reach people being left behind. Bangkok joined the global Fast Track Cities Initiative and as part of our commitment we expand HIV services and improve access to testing and treatment through decentralized health units and community-based organization, catalysing innovation for people who needs it most, pursuing integration and strong partnership are at heart of Bangkok's achievements.

Pol Gen Aswin Kwanmuang
Governor of Bangkok

Introduction

City leadership is central to leveraging innovative social transformation to build societies that are equitable, inclusive, responsive, resilient and sustainable. Advances in science, technology and communication have the potential to drive the social transformation agenda. Bangkok has been deeply involved in the national and metropolitan AIDS response since HIV was first identified in the city in 1985. There is already a well-established framework and capacity for HIV programming in the city. The Fast-Track Cities Initiative is relatively recent and recognizes the pivotal position of Bangkok in Thailand. The inclusion of Bangkok as a Fast-Track City potentially adds weight to its contribution to the national effort in ending AIDS.

As a capital city, Bangkok enjoys a privileged position in the national economy, political system, strong health infrastructure, higher education, public health as well as research institutions. It is well placed to play a leadership role in Thailand. It is home to various organisations and institutions that are champions in the HIV response in the city and the country. These have made important contributions to the progress the city has made in epidemic control towards ending AIDS.

Bangkok is a large city with a complex administrative system and structure. BMA is the sole organization at the local authority level responsible for the well-being of Bangkok residents with some financial support from the central government. It has taken the leadership role in the implementation of the Strategic Plan for Ending AIDS and invested in the coordination and management of HIV programming across the city. There are notable strengths in the current leadership provided by the BMA which includes political commitment to fulfilling the Paris Declaration to end AIDS, a good understanding of HIV issues and their impact on the

city. There is increasing openness to a broader partnership and a growing recognition of the importance of community-based organisations (CBOs). Communications with CBOs have been strengthened. There are several structures to support the Fast-Track City Initiative. These include:

- **BMA Health and HIV services:** BMA has its own unique health care system. Its HIV programme involves collaboration between two main departments: the Health Department and the Medical Services Department. The Health Department is responsible for 68 public health centres and implements project activities. The BMA health centres currently provide STI screening and management, HIV counselling and PrEP services in selected health centres. The AIDS, TB and STI Control Division coordinates and monitors project activities of BMA health centres providing HIV counselling and testing, as well as STI screening and management and PrEP.

  The Medical Services Department supervises eight BMA hospitals with a network for HIV collaboration. There is a well-balanced use of both the primary healthcare system through BMA health facilities and the tertiary/specialized healthcare system through BMA hospitals in responding to HIV in Bangkok to optimise access to HIV services.

- **BMA Technical Working Group:** The BMA technical working group consists of representatives from all levels of implementation partners from AIDS, TB and STI Control Division, Health Department and representatives from Technical Division, Medical Service Department, and the HIV coordinator from eight BMA hospitals, the clinicians and clinic staffs from participating BMA health centres, and 10 district health offices, and CBOs in Bangkok. It does not include partners from outside BMA.

- **Bangkok Fast-Track City Committee:** The Bangkok Fast-Track City Committee was set up in 2018 as a broader partnership to support the implementation of the BMA Strategic Plan for ending AIDS. This committee is chaired by the Deputy Governor and with the BMA Deputy Permanent Secretary as Vice Chair.

  It comprises a wide range of stakeholders including Dr Praphan Phanuphak (Advisor), Director of Health and Medical Service Departments and Bureau of Drug Prevention and Rehabilitation of BMA, Division of AIDS and Sexually Transmitted Infections (DAS), National Health Security Office (NHSO), the Thailand Ministry of Public Health – U.S. Centers for Disease Control and Prevention Collaboration (TUC), U.S. Agency for International Development (USAID), United Nations Programme on AIDS (UNAIDS), FHI 360, Social Security Insurance, Private Hospital Association, Ozone, Rainbow Sky Association for Thailand (RSAT) and Service Workers In Group Foundation (SWING).

BMA Strategic Plan 2017-2030

BMA has put in place the Strategic Plan for Ending AIDS in Bangkok 2017-2030 (BMA, 2017) as a framework for all stakeholders to coordinate and mobilize resources. BMA acts as the focal point for coordination of the city HIV response. The BMA Strategic Plan is aligned with the National AIDS Plan and contributes to its results. BMA's vision is a Bangkok with zero HIV

incidence, zero AIDS mortality and zero HIV/AIDS stigma and discrimination, and a population with longevity and good health. BMA's mission is to:

- Empower and raise the self-esteem of the target groups to manage and maintain their health through a respect for rights;
- Maintain a clear focus of interventions on the target groups with efficiency and effectiveness; and;
- Increase efficiency through collaboration among implementing partners from all sectors.

Targets for ending AIDS in Bangkok

The BMA HIV strategic plan sets out 7 targets for both 2020 and for 2030. These concern 7 key indicators which combine the Three Zeroes targets and the 90-90-90 targets (see diagram below).

Indicators	Number of new HIV infections	Number of HIV+ infants at birth	Number of AIDS-related deaths	% of stigma/discrimination	% of PLHIV tested for HIV	% of PLHIV on ARV	% of PLHIV on ART with viral suppression
Target (2020)	<900 cases	<50 cases	<3,000 cases	<50%	90%	90%	90%
Target (2030)	<500 cases	<25 cases	<2,000	<10%	95%	95%	95%

The plan has two dimensions: i) maximizing fast impact and ii) integration towards sustainability. There are five sub-strategies in the approach listed in Table 1 below:

Table 1: BMA Strategic Plan: Dimensions and Sub-strategies

The plan has two dimensions: i) maximizing fast impact and ii) integration towards sustainability. There are five-stategies in the approach as follows:	
Maximizing fast impact	**Integration towards sustainability**
Sub-strategy 1: Acceleration of the "Reach Recruit Test Treat Retain" (RRTTR) approach to identifying PLHIV who do not know their sero status, and enrolling them in ART programmes.	**Sub-strategy 2:** Create a culture of responsible, safe sex norms, and integrate these through reproductive health services. **Sub-strategy 3:** Increase the efficiency and effectiveness of HIV care by linking these with STI, TB and hepatitis services, tailored to the age group and stage of treatment. **Sub-strategy 4:** Support and protect human rights and equality regardless of sexual orientation, create an enabling environment for implementation, and normalize HIV testing and treatment. **Sub-strategy 5:** Develop the strategic information system to inform plans, improve implementation, mobilize resources in the public and private sector, and create a flexible and sustainable system of support.

In accordance with the BMA Strategic Plan, BMA has intensified its programming in terms of maximizing fast impact and integration towards sustainability. These strategies provide both short and longer-term guidance for ending AIDS in Bangkok.

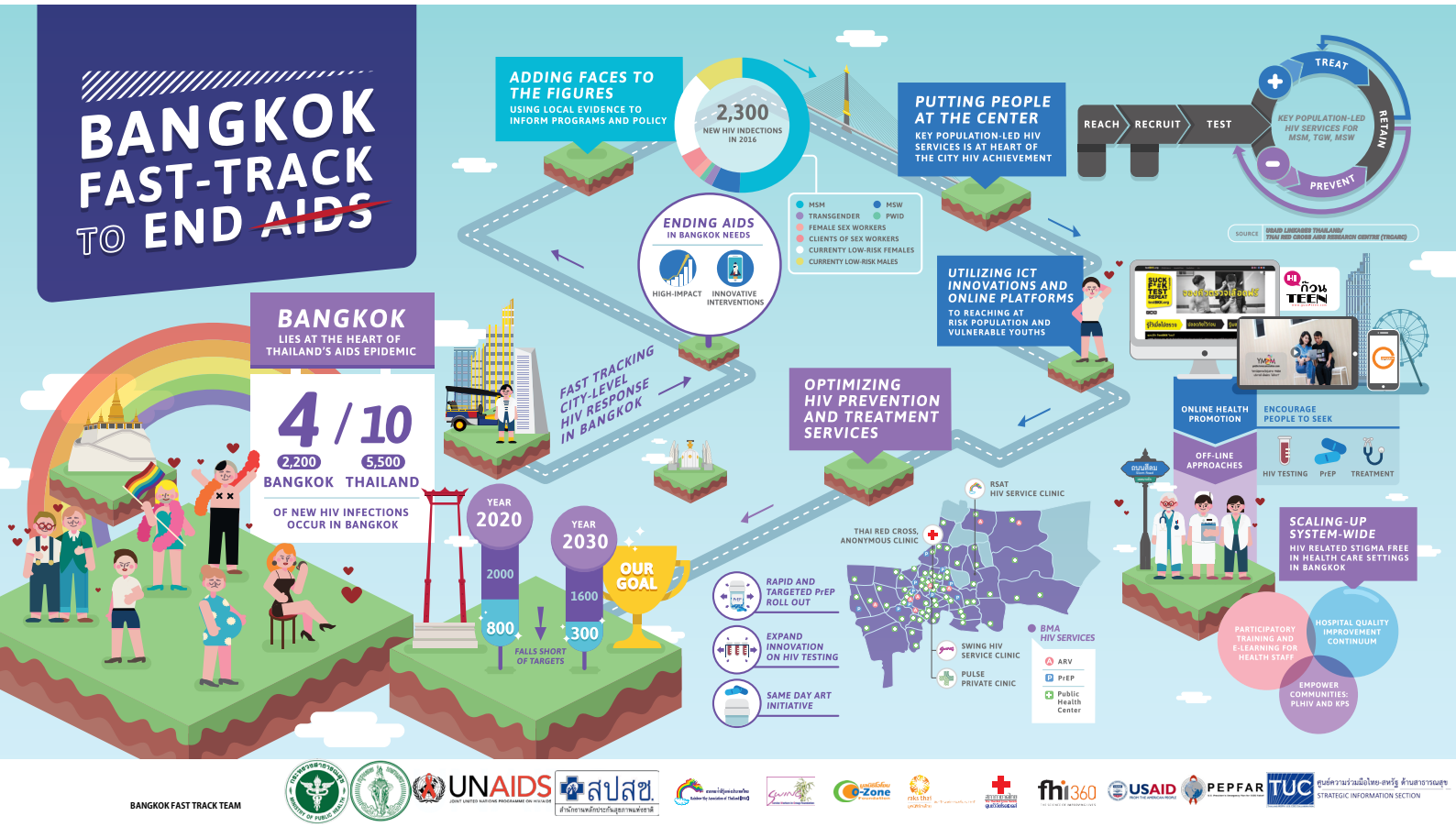
Collaborative action for positive social transformation: the Fast-Track City Partnership

Addressing HIV requires strong partnerships. BMA has increasingly recognized the importance of the significant contributions to the progress being made in Bangkok by many stakeholders located in the city. The BMA Strategic Plan described above focuses strongly on the institutions such as BMA health care system and facilities that fall under its mandate and management. Implementation has also required the contributions of different local and international organisations.

The increasing recognition in BMA of other contributions to ending AIDS in Bangkok is captured in Figure 1 below. This illustrates processes, activities and contributors involved in achieving the Fast-Track Cities Initiative goals. The key elements are as follows:

- **Adding faces to the figure:** Using local evidence, strategic information to inform programmes and policy;
- **Putting people at the centre:** Key population-led HIV services are at the heart of the city HIV achievement;
- **Utilising ICT innovations and online platforms to reach at-risk populations and vulnerable youth:** Enhancing case finding strategy and demand creation among key populations;
- **Optimising HIV prevention and treatment services:** Rapid and targeted pre-exposure prophylaxis (PrEP) roll out, expand innovation on HIV testing and Same-Day ART (SDART) and multi-month dispensing (MMD) of antiretroviral treatment, improve viral load testing coverage through the viral load network and alert system;
- **Scaling up system-wide HIV-related stigma free services in the health care system in Bangkok:** Training of health care providers to reduce stigma and discrimination.

Figure 1: Illustrative processes, activities and contributors involved in achieving the Fast-Track Cities Initiative goals



Key partners

In addition to BMA Health Facilities, the key players that are contributing to the Bangkok Fast Track City response include HIV specialised clinics such as the Anonymous Clinic of the Thai Red Cross AIDS Research Centre (TRCARC), Silom Clinic, Tangerine Clinic and Pulse Clinic, key population-led organisations such as Asia Pacific Coalition for Men's Sexual Health (APCOM), Ozone, RSAT and SWING, non-governmental organisations (NGOs) such as FHI 360, PATH and Raks Thai Foundation, research institutions such as IHRI, Chulalongkorn University and Mahidol University.

Funding for key population organization programming is provided by the President's Emergency Plan for AIDS Relief (PEPFAR) through USAID and other funding partners such as the Global Fund, NHSO and UN Agencies such as UNAIDS Thailand and UNICEF Thailand.

IHRI and its key population-led partners such as Ozone, RSAT and SWING, have provided leadership in the development of innovations to enhance service uptake and reduce new infections among key populations. IHRI programmes include integrated gender affirming and sexual health for transgender people at the Tangerine Clinic, differentiated service delivery approaches for PrEP, SDART and CBO accreditation and domestic financing. IHRI played an important role in the conceptualization and implementation science regarding Princess PrEP Programme. These programmes have been recognized as Fast-Track Cities Initiative Best Practices.

FHI 360, with funding from USAID/PEPFAR, has contributed to the development of innovations on enhanced peer mobilization to recruit people for HIV testing, online-to-offline services using social media to encourage MSM and TG to seek HIV testing, HIV oral-fluid screening to increase HIV testing coverage, the Princess PrEP Programme to support key population-led PrEP distribution and SDART to lower loss-to-follow-up by initiating people on ART immediately following diagnosis.

PATH, with funding support from UNICEF, has provided youth friendly services including counselling through the web-based platform – Lovecarestation.com. Services include mental health and psychosocial support, sexual and reproductive health, addressing teen pregnancy, anti-bullying and promote youth participation.

Technical collaboration

BMA receives technical and financial support from several partners including TUC under PEPFAR, UNAIDS and the Global Fund. BMA is a Global Fund sub-recipient operating under the Department of Permanent Secretary, working with other recipients including DAS to finance HIV service delivery.

Key direct technical support providers to BMA are as follows:

UNAIDS is a critically important partner in the Fast-Track Cities Initiative. It helps by using its convening power to bring together stakeholders, partners and other actors in the Bangkok HIV

response. It plays a major role in mobilising resources and expertise for BMA. UNAIDS plays an active role in supporting BMA stigma and discrimination programming.

TUC is a major technical partner to BMA which provides technical support and funding for accelerating comprehensive HIV prevention, treatment and care to achieve the Fast-Track targets. Areas of technical support include:

- Increasing coverage of HIV diagnosis through targeted case findings and index testing among key populations and their partners;

- Strengthening capacity to provide quality treatment and laboratory services according to the national and/or international standards for BMA health centres and hospitals through same day/rapid ART initiation, multi-month dispensing of ARV, reduction of interruptions in treatment and improving viral load testing coverage;

- Enhancing communication efforts for public health threats, including HIV/AIDS, STIs, and TB control or COVID-19; and

- Improving accuracy and reliability of data through developing a new HIV recent infection case surveillance system, establishing the Bangkok Smart Monitoring System and the use of surveillance and strategic information data to monitor HIV and HIV co-infections.

Progress towards ending AIDS by 2030

> We will not end AIDS if we do the same old things - think the same old ways! We need a paradigm shift to keep up with the HIV and AIDS epidemic.

Ms. Surang Janyam,
Director, Service Workers in Group Foundation (SWING)

The three zeroes and the 90-90-90 performance

The BMA HIV Strategic Plan contains a set of key indicators that guide the Fast-Track City implementation and the assessment of progress. These have been introduced in Section 2. The BMA strategy proceeds from the three zeroes which have targets set for 2020 and 2030. Progress towards these is discussed below.

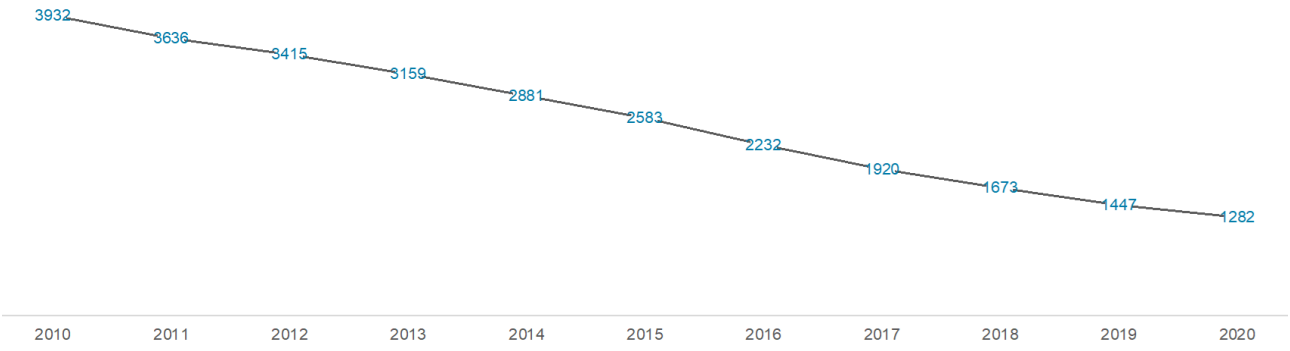
- Zero new infections

Indicator 1: Number of new HIV infections

The modelled data (Bangkok Epidemiological Model) for the period 2010-2020 show a steady decline in the number of new infections from 3,932 to 1,282 in 2020. See Figure 2 below. This represents a decline of 67.4% over the period which is close to the Global indicator set at 75% by 2020. This trend is also reflected in the estimated HIV incidence rate which has declined from 36.2 per 100,000 in 2015 to 17.5 per 100,000 in 2020 (AEM: Bangkok AIDS Epidemic Model 2020-2030 update March 2021).

The available data show positive progress in reducing the overall number of new infections. However, BMA had set targets for the number of new infections in Bangkok for 2020 in its strategic plan: <900 cases and this has yet to be achieved.

Figure 2: Estimated new HIV infections in Bangkok



The performance shown in this graph represents an improvement on the BMA Strategic Plan projections of new HIV infections in Bangkok by route of transmission for the period 2017-2030 which show a total of 1,920 new infections estimated for 2017, declining to 1,282 in 2020. This estimation shows a decline but is insufficient to meet the 2030 target for HIV new infections (< 400).

Consistent decline in new HIV infections among MSM: A significant contribution to the progress outlined above is the steady decline over the past few years in the HIV epidemic among MSM, but this needs to be consolidated and extended to younger MSM (15-24 years old). There are indications of growing risk and vulnerability to HIV infection among this group. Research over the past decade has highlighted high incidence rates among MSM in particular. For the period 2017-2021, two out of three new infections (69%) are projected by BMA to be among MSM. 18% are projected to be among wives of infected husbands and 5% among sex workers. These are the three groups where new infections will continue to be found.

There is evidence of a decline in the number of new HIV infections among MSM in Bangkok. The IBBS conducted in Bangkok among MSM have shown an estimated HIV prevalence ranging from 25% and 30% in 2014 down to 10.3% in 2018 (Griensven, et al, 2021). An open cohort assessment conducted among MSM at the Silom Community Clinic from 2005 to 2008 found a decline in infection over the period (Pattanasin et al, 2020). Overall HIV prevalence among clinic clients increased from 19.2% in 2005-6 to 34% in 2010, then stabilized from 2011-2016, decreasing to 17.2% in 2018.The estimated HIV prevalence among young MSM did not change. A decrease in HIV incidence was observed between 2013 and 2018, but not among those aged 13-21 years. Analysis of these trends showed that an increase in HIV prevention activities from 2014 was associated with a decline in new infections (Griensven, et al, 2021).

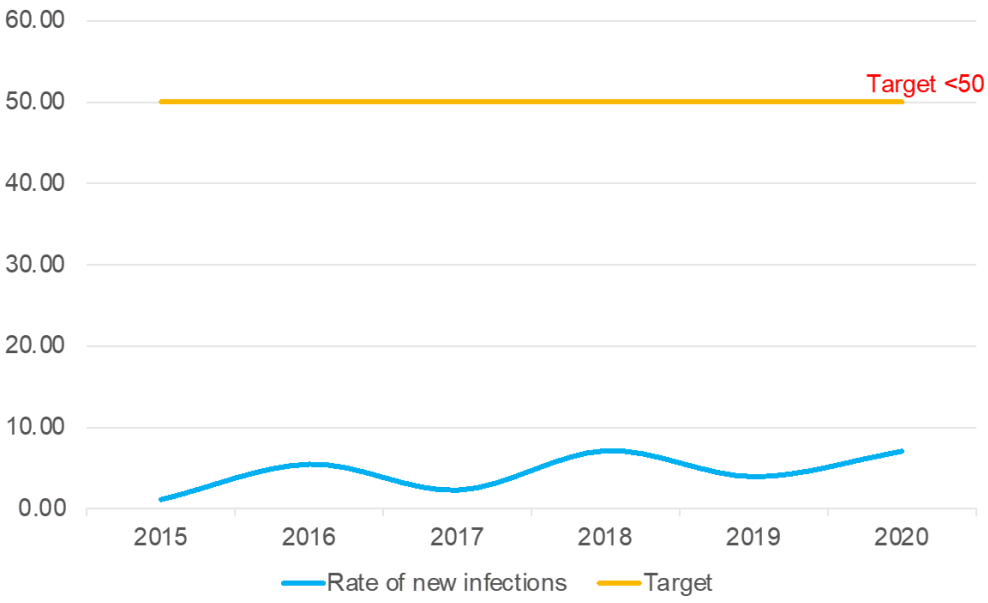
HIV prevention activities targeting key populations in Bangkok which have increased since 2014 have led to a decline in new infections among older MSM but have yet to have an effect on younger MSM who have well observed generational behavioural differences and are at risk from a growing STI epidemic. Targeted programming for young MSM in the city needs to be implemented at a larger scale.

Indicator 2: Number of HIV+ infants at birth

Thailand has successfully achieved the targets for the elimination of mother-to-child transmission (EMTCT) of HIV and syphilis, set by the World Health Organization (WHO). This achievement was validated initially in June 2016 and maintained by achieving the WHO targets for both impact and process indicators in 2018 and 2019. The number of new paediatric HIV-infections was 9.7 per 100,000 in 2017, followed by 7.8 per 100,000 in 2018 and 10.5 per 100,000 in 2019.

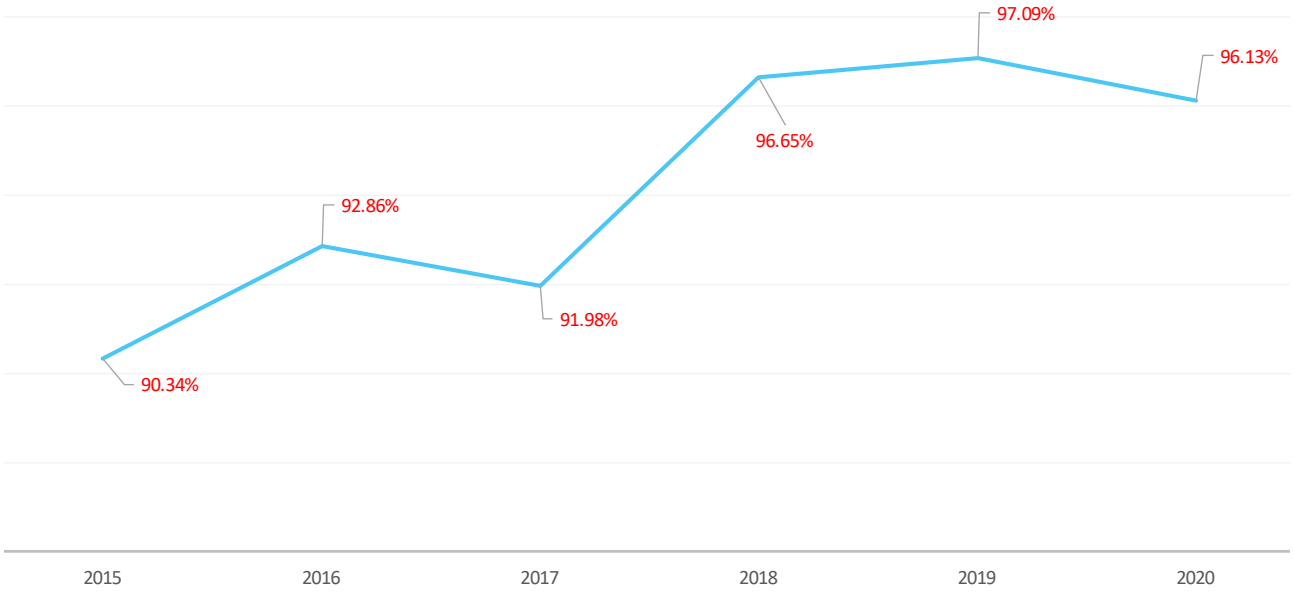
In Bangkok, targets have been set for MTCT for 2020 and 2030 in terms of the number HIV + infants at birth (<50 cases and <25 cases per 100,000 live births, respectively). Available data show that the 2020 target has been met with 7 new infections per 100,000. The data for Bangkok are consistently lower than the national data, which indicates the city has made a positive contribution to Thailand EMTCT. See Figure 3: Annual rate of perinatal new HIV infections per 100,000 live births.

Figure 3: Annual rate of perinatal new HIV infections per 100,000 live births



A major contributary factor in EMTCT is the high level of ART coverage among pregnant women (Thai and non-Thai) estimated at 96.13% in 2020. A concern is that this has fallen slightly since 2018 and 2019 and needs to be tracked to ensure that the gains achieved are not lost during the COVID-19 epidemic from 2020 onwards. See Figure 4: ART coverage among Pregnant Women (Thai and Non-Thai).

Figure 4: ART coverage among Pregnant Women (Thai and Non-Thai)



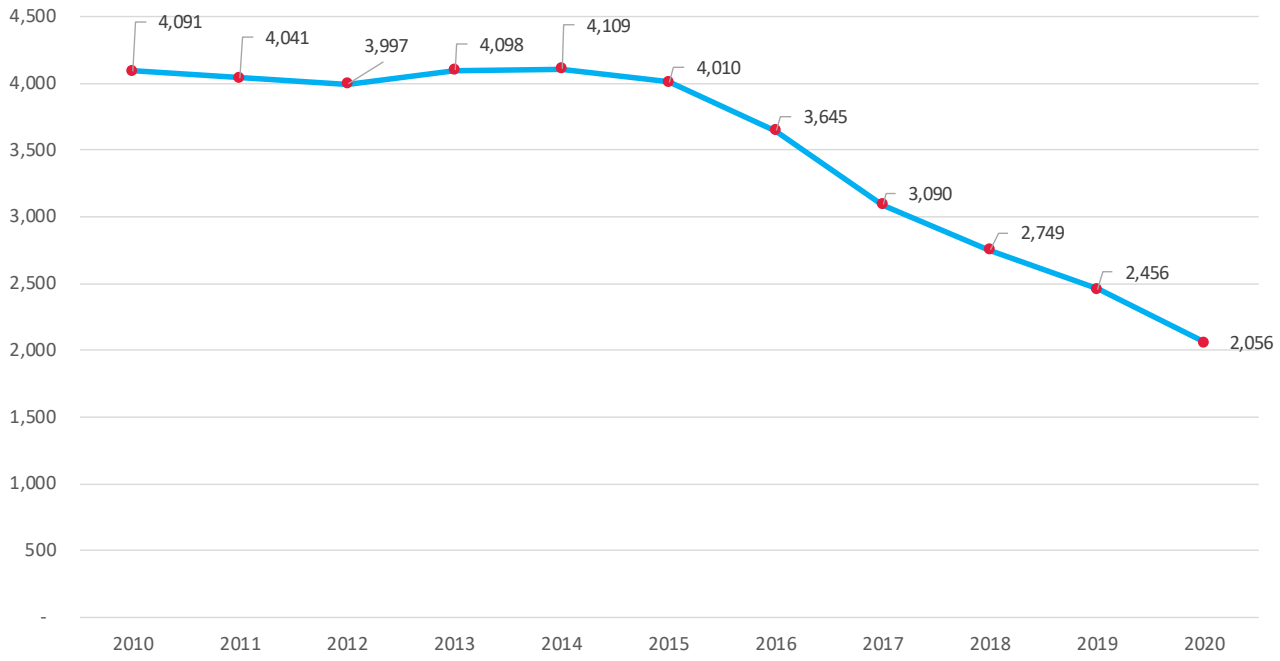
A combination of factors have made it possible in Bangkok to sustain EMTCT of HIV and syphilis in line with the national targets, including accessible health services for pregnant women, health-care ownership, capacity and leadership; as well as sustained BMA political commitment on prevention of mother-to-child transmission of HIV (PMTCT).

- Zero AIDS Deaths

Indicator 3: Number of AIDS-related deaths

Bangkok is well on track to meet the Zero death target. See Figure 5 on all cause of deaths among PLHIV in Bangkok from 2010-2020. Targets have been set by BMA for the number of AIDS-related deaths for 2020 and 2030 at <3,000 cases and <2,000 cases respectively. Available data are for all causes of death among PLHIV, not specifically AIDS-related. These may overstate the number of deaths of PLHIV from AIDS.

Figure 5: All cause of deaths among PLHIV in Bangkok from 2010-2020



AEM: Bangkok AIDS Epidemic Model 2020-2030 update March 2021

There has been a steady decline in PLHIV deaths since 2015. The current estimate is for 2,056 deaths in 2020 (28 deaths per 100,000). This estimate meets the 2020 target and is already very close to that for 2030. The reduction in the number of AIDS-related deaths amounts to 50.3% from 2010 to 2020. This meets the Fast-Track target of 50% reduction by 2020. The Test and Treat policy which enabled PLHIV with any CD4 count level to access treatment contributed to the sharp decline of deaths among PLHIV in 2015.

- Zero stigma

Indicator 4: % of stigma and discrimination

Targets have been set by BMA for stigma and discrimination for 2020 and 2030 at <50% and <10% respectively. Available data on progress towards eliminating stigma and discrimination are limited with a focus on health care settings.

BMA has developed an approach to measuring stigma and discrimination in health facilities and among PLHIV. The stigma and discrimination tools were developed with support from PEPFAR and UNAIDS. There are two questionnaires: 1) for health care providers; and 2) for PLHIV and key populations. The health care provider questionnaire includes key drivers

of stigma such as health facility policies, infection control and attitudes towards PLHIV. It also attempts to capture enacted stigma as observed by health facility staff. The PLHIV/key population questionnaire includes demographic background data, experience of health-related stigmatisation, disclosure and confidentiality issues, stigma and discrimination issues in relation to reproductive health and experience of stigma among pregnant women (Srithanaviboonchai et al. 2017).

The stigma and discrimination tools were first used in Bangkok in 2015 in 9 hospitals with 289 health care respondents and 365 PLHIV. This was repeated in 2017 and 2019. See Tables 2 and 3.

Table 2: Health care provider responses to the stigma and discrimination survey in 2015, 2017 and 2019

In the past 12 months	2015 (n= 289)	2017 (n= 177)	2019 (n=224)
Stigmatizing attitudes towards PLHIV	87.5	75.7	77.3
Unnecessary precautions to avoid being infected with HIV	54.2	62.5	56.9
Fear of HIV infection from providing services to PLHIV	64.8	45.7	48.1
Not comfortable working with health care staff who are PLHIV	N/A	30.7	29.9
Observed stigma or discriminatory practices towards PLHIV	25.3	24.8	20.9
Observed denial of services for PLHIV and key populations	NA	23.3	18.7

The data indicate that there is a long way to go before PLHIV are free from stigmatisation and discrimination in Bangkok health services. Although data show evidence of a decline in stigmatising attitudes, around three quarters of health care respondents in 2019 report having negative attitudes towards PLHIV and key populations. Related to this, is the perception that more protection is needed for health care staff when serving or caring for PLHIV. Almost a half of health care respondents report the fear of being infected with HIV while a third are not comfortable working with health care staff who are PLHIV. Stigmatising and discriminatory behaviours including denial of services are observed among a fifth of health care providers towards PLHIV and key populations.

The available data show limited positive change with regard to negative attitudes towards PLHIV and fear of HIV infection from providing services to PLHIV. Other indicators show slight improvements, but the core problems remain in relation to stigma and discrimination of PLHIV and key populations. There is a long way to go to achieve zero stigma and discrimination among health care providers and this has implications for ending AIDS in Bangkok.

Table 3: PLHIV responses to the stigma and discrimination survey in 2015, 2017 and 2019

In the past 12 months	2015 (n= 365)	2017 (n= 185)	2019 (n=357)
Avoided or delayed health care because of fear of stigma and discrimination	24.4	6.5	3.1
Decided not to go health facilities due to self-stigma	24.4	36.8	33.7
Experienced stigma and discrimination in health facilities	23.8	12.9	12.7
Experienced disclosure of HIV status without consent	39.4	10.3	12.2
Experienced stigma and discrimination in reproductive health issues	NA	13.5	11.9
Advised or being coerced termination of pregnancy	9.1	1.7	NA

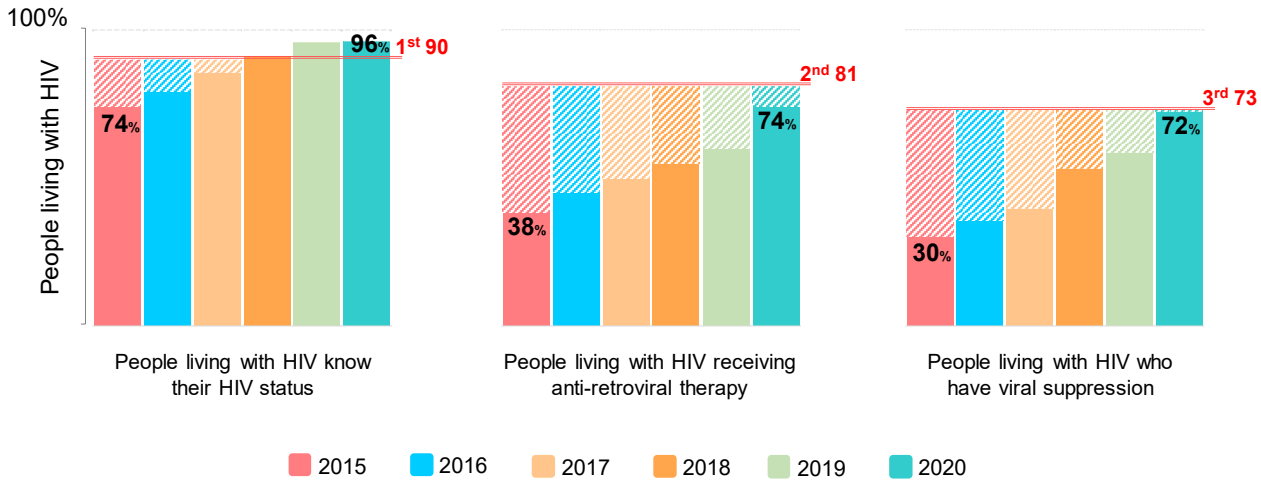
The responses from PLHIV show lower levels of perceived stigma and discrimination than reported among health care staff. The reduction in avoided or delayed health care from 24.4% in 2015 to 3.1% in 2019 indicates steady progress in reducing stigma and discrimination in health care settings. However, self-stigmatisation appears to be a significant barrier to PLHIV seeking and obtaining services from hospitals with around a third of respondents reporting that they did not visit the health facilities. Among those who did seek services, 12.7% reported experiencing stigma and discrimination during the past 12 months in 2019. This represents a reduction of 54% since 2015. 11.9% reported experiencing stigma and discrimination in reproductive health issues, for example, being advised to terminate pregnancy or not having children at all. 12.2% of respondents in 2019 reported that their HIV status was disclosed without their consent. While this represents a substantial reduction from 2015, this is still very high and needs to be addressed.

- The 90-90-90 performance

Indicators 5-7: 90% of PLHIV tested for HIV; 90% of PLHIV on ART; 90% of PLHIV on ART with viral suppression.

Bangkok data show that the city achieved the first 90 target in 2018 from a starting point of 74% in 2015. It has increased further to 96% in 2020. This means that the first 90 target has been achieved and sustained. The progress made in achieving the first 90 provides the foundation for achieving the other 90-90-90 targets. See Figure 6 for progress towards the 90-81-73 targets in Bangkok, 2015-2020.

Figure 6: Progress towards the 90-81-73 targets in Bangkok, 2015-2020



The second 90 target which involves getting people who know their positive status on treatment is proving more challenging. Progress towards the second 90 has improved from 38% in 2015 to 74% in 2020. This, however, is some way below the 90% target (81%) with a 7% gap. One third of PLHIV in Thailand are accessing treatment services in Bangkok. Almost half of PLHIV is late in treatment initiation which is reflected in low CD4 count at diagnosis. Data show that 46% of PLHIV at diagnosis were found to have a CD4 count <200 copies/ml (BMA, 2017).

Progress towards the third 90 has also improved reaching 72% in 2020. This is slightly behind the 90% target which is 73%. The main challenge lies in putting people on treatment. These 90-90-90 data do not include PLHIV who seek care from private clinics outside the various national health insurance schemes. While the number of PLHIV are likely to be small, this means that the data are incomplete.

Bangkok City HIV Programme Highlights

> Receiving the Circle of Excellence Award for Bangkok, the capital city of Thailand, is a great honour demonstrating not only the past achievements but, moreover, the future commitment to accelerate the HIV response toward ending AIDS in Bangkok. The lessons learned throughout the different operations and milestones of our journey that have led us to this honour are relevant and valuable. We are proud that innovations have produced remarkable results, in particular, same-day ART, Key Population-led health services (KPLHS), specialized and holistic services for transgender persons -- named the 'Tangerine Clinic,' and the PrEP programme. These innovations are not only applied in Bangkok, but have become models for the region.

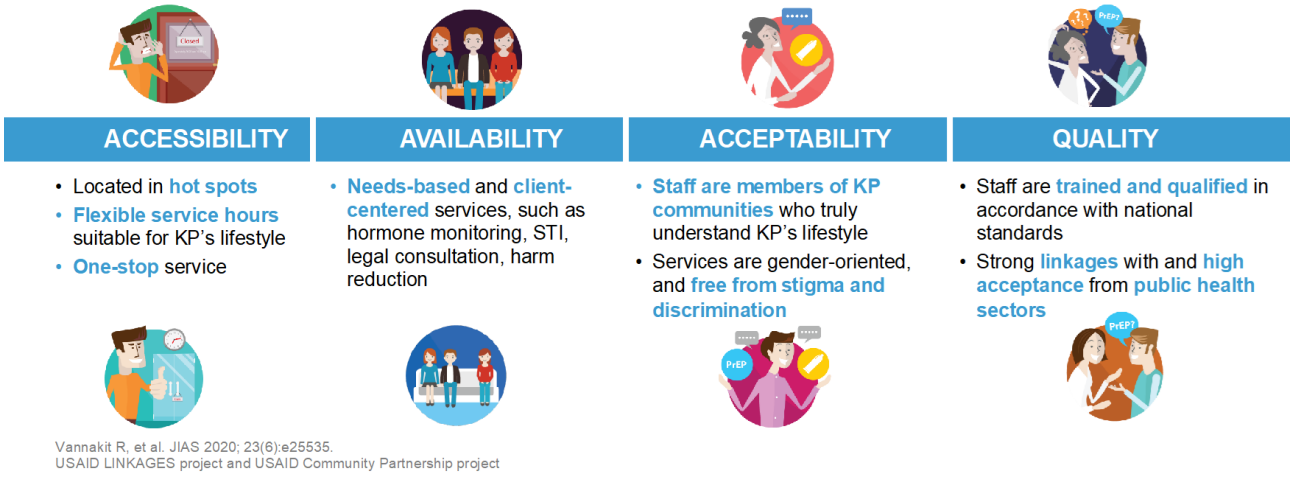
Dr. Parnrudee Manomaipiboon,
Director-General of Department of Health,
Bangkok Metropolitan Administration (BMA), 20 October 2021

Putting people at the centre of the AIDS response to build and accelerate an appropriate response reflecting local needs

The Fast-Track City initiative in Bangkok is increasingly focusing efforts on people who are vulnerable to HIV, tuberculosis, viral hepatitis and other diseases. The BMA AIDS Strategic Plan 2017-2030 recognises the importance of improving the coverage and quality of programming for key populations to end AIDS in the city. The BMA strategy also includes provision for building the capacity and empowerment of PLHIV and key populations as well the capacity of civil society organisations to collect, interpret and use strategic information. There is also the proposed development of mechanisms to address the problems of key populations and PLHIV as well as to protect their rights.

The Key Population-led Health Services (KPLHS) approach, developed by IHRI, puts key populations at the centre of health service delivery. This approach was designed and co-delivered by members of key populations. It includes a defined set of HIV-related health services, focusing on specific key populations. Services are identified by the community itself and are, therefore, needs-based, demand-driven, and client-centered. They are delivered by trained and qualified lay providers, who are often members of the key populations (Phanuphak N, 2021). See Figure 7 on the next page.

Figure 7: Key population-led health services (KPLHS): filling service gaps for key populations



Putting the KP communities at the centre of the HIV service provision has been proven efficient for preventing HIV infection, loss to follow up and earlier treatment initiation (Vannakit R, 2020). Data for 2018 show that KPLHS has enabled early diagnosis with a median CD4 count at diagnosis of 388 cells/mm3, compared to 192 cells/mm3 in public health facilities. 84.3% (730/866) of newly diagnosed HIV-positive clients in KPLHS sites were successfully linked to antiretroviral therapy initiation and 95.6% (537/562) tested for viral load had viral load suppression. It has facilitated the uptake of PrEP among key populations. 36% of 7670 HIV-negative clients at risk for HIV infection who were offered PrEP, accepted it.

Intensifying reach-recruit-test-treat-retain-prevent (RRTTRP) to increase uptake of HIV services among key populations

BMA is increasing access to HIV testing and STI screening particularly among MSM, TGW and other populations engaging in high-risk behaviours to intensify the reach-recruit-test-treat-prevent-retain (RRTTPR) service delivery approach in the city. Activities include identifying PLHIV who do not know their sero-status and enrolling them in ART programming through HIV self-testing, on-line recruitment for HIV testing, including Facebook fan page, Line@, call centre and Twitter.

Expanding accessibility to HIV/STI/PrEP services in Bangkok

Available data from the National AIDS Management Centre, Division of AIDS and STI, Ministry of Public Health (2021) show the number of key populations reached with HIV prevention

activities. See Table below. The largest sub-population reached are MSM and the least are PWID. See Table 4.

Table 4: Number of key population individuals reached with HIV prevention activities

Year	Total	MSM	TG	MSW	FSW	PWID
2017	52,413	32,986	464	7,694	10,112	1,157
2018	40,241	20,865	2,267	7,377	8,571	1,161
2019	10,471	7,381	711	801	1,253	325
2020	49,972	33,432	3,105	3,475	9,203	757

The Table 5 below shows the total number of individuals tested and of these the number diagnosed with HIV. The figures show an increasing number of individuals tested in the period from 62,898 in 2013 to 173,926 in 2020. The increase in the number of HIV testing conducted reflects the intensified effort in strengthening KPLHS among key population-led organisations in Bangkok.

Table 5: Number of individuals receiving HIV testing and number diagnosed with HIV in Bangkok

Year	Total of number of individuals receiving HIV testing	No of individuals diagnosed with HIV	Yield
2013	62,898	2,393	3.8%
2014	74,315	2,649	3.56%
2015	90,394	3,093	3.42%
2016	102,289	5,012	4.9%
2017	122,596	6,264	5.11%
2018	151,665	5,748	3.79%
2019	177,204	5,843	3.3%
2020	173,926	5,763	3.3%

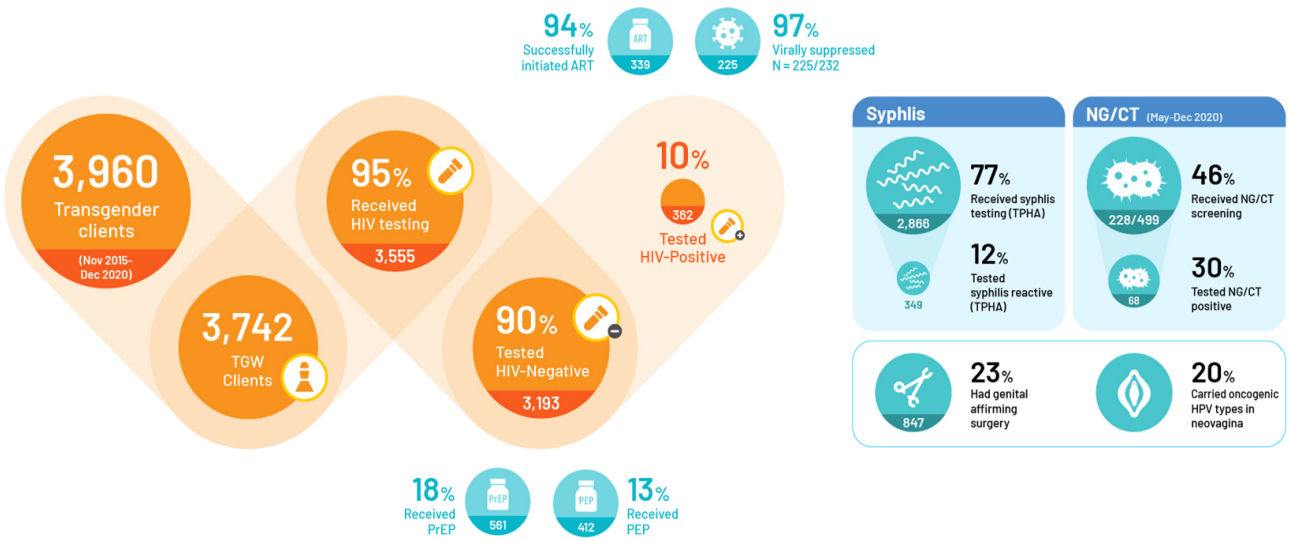
Source: National AIDS Management Centre, Division of AIDS and STI, MOPH 2021.

Recency testing is being piloted to detect recent infections, monitoring trend, geographic areas and inform targeted HIV prevention programme. AIDS content has been integrated into comprehensive sexual health communications. This includes communications to encourage males to participate in sharing information about safe sex for themselves, their partners, friends, relatives and others.

Public campaigns are implemented to promote HIV services, including PrEP, condom use, stigma and discrimination. BMA is enhancing the accessibility of supplies for prevention such as condoms, lubricant and clean needles/syringes.

The Tangerine Community Health Centre, or Tangerine Clinic of IHRI, the first TG-specialised clinic in Asia, has been developed and provided a proven impactful model of TG comprehensive health service package since 2015. This service package offers a fee-based health service package, covering gender-affirmative hormone treatment, HIV counselling and testing, management of sexually transmitted infections, vaccination for viral hepatitis A, hepatitis B and human papillomavirus (HPV), ART, PrEP and post-exposure prophylaxis (PEP). Similar services are being provided by SWING and RSAT for their transgender clients at a smaller scale. This transgender programming has been highlighted as one of Bangkok best practices for the Fast-Track Cities Initiative. By the end of 2020, the Tangerine Clinic has provided services to 3,960 transgender clients, 95% of whom received HIV testing. 10% of TG clients tested was found HIV positive, 94% of whom were successfully initiated with ART and 97% of them were virally suppressed. See Figure 7 for the Tangerine Clinic's service data from USAID EpiC Thailand, 2020.

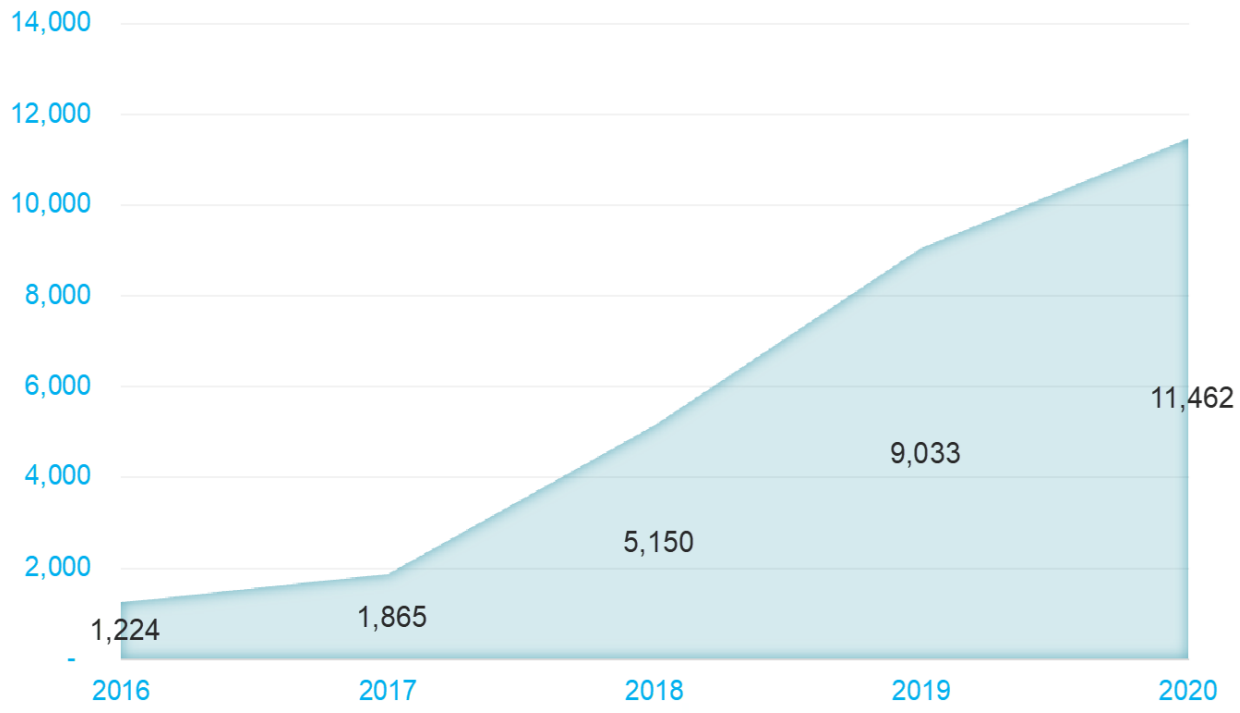
Figure 7: Tangerine Clinic's



Scaling up and sustaining PrEP

Pre- and post-exposure prophylaxis (PrEP/PEP) services have been provided to key populations under the "test and start" initiative since 2017/2018. PrEP coverage in Bangkok is gradually increasing. In 2016, there were 1,224 users and this has risen to 11,462 in 2020. Significant contributions to this coverage are from key population-led PrEP service delivery from IHRI, RSAT, SWING and Thai Red Cross AIDS Research Centre. (See Figure 8).

Figure 8: PrEP uptake in Bangkok, 2016-2020



PrEP is now being rolled out across the country as well as in Bangkok. Through the Thai Red Cross AIDS Research Centre Princess PrEP programme, key population-led organisations such as RSAT, the Tangerine Clinic and SWING have been contributing significantly to PrEP uptake in Bangkok. This initiative has been highlighted as one of Bangkok best practices for the Fast-Track Cities Initiative. There are research projects for provision of PrEP to MSM in Lertsin and Thammasat Hospitals. Some private clinics are also offering PrEP, but at cost.

BMA has successfully integrated these services in the BMA health system. The main clients for PrEP are MSM, TGW, PWID, SW and other risk groups such as sero-discordant couples. Demand creation activities such as PrEP2Start campaign and PrEP Bangkok campaign are being implemented to improve uptake. The BMA governor provides supportive policy to allow budget support to provide PrEP drugs in addition to the NHSO PrEP programme to increase coverage among both Thai and non-Thai citizens.

Targeted demand creation strategy for TGW has been implemented: There has been a challenge in increasing PrEP uptake among TGW who are at substantial risk of HIV acquisition. The IHRI Tangerine Clinic reported that only 18% of HIV-negative TGW were prescribed PrEP (Phanuphak N, 2021).

In response to this challenge, the Tangerine Clinic, IHRI launched a transgender-developed PrEP in the City campaign for transgender women in Bangkok in 2020 aiming at improving PrEP service uptake among this population. By July 2021, the campaign has generated a total of 4.2 million view across 3 social media platforms and high volume of engagement.

NHSO has increasingly absorbed PrEP costs under the Universal Health Coverage (UHC) to sustain PrEP services in 2020. To complement this, BMA is financing PrEP to scale up in all its health facilities. Additional costs are being met by external funding agencies. The objective is to standardize the service while increasing access to PrEP for key populations with high risk of HIV.

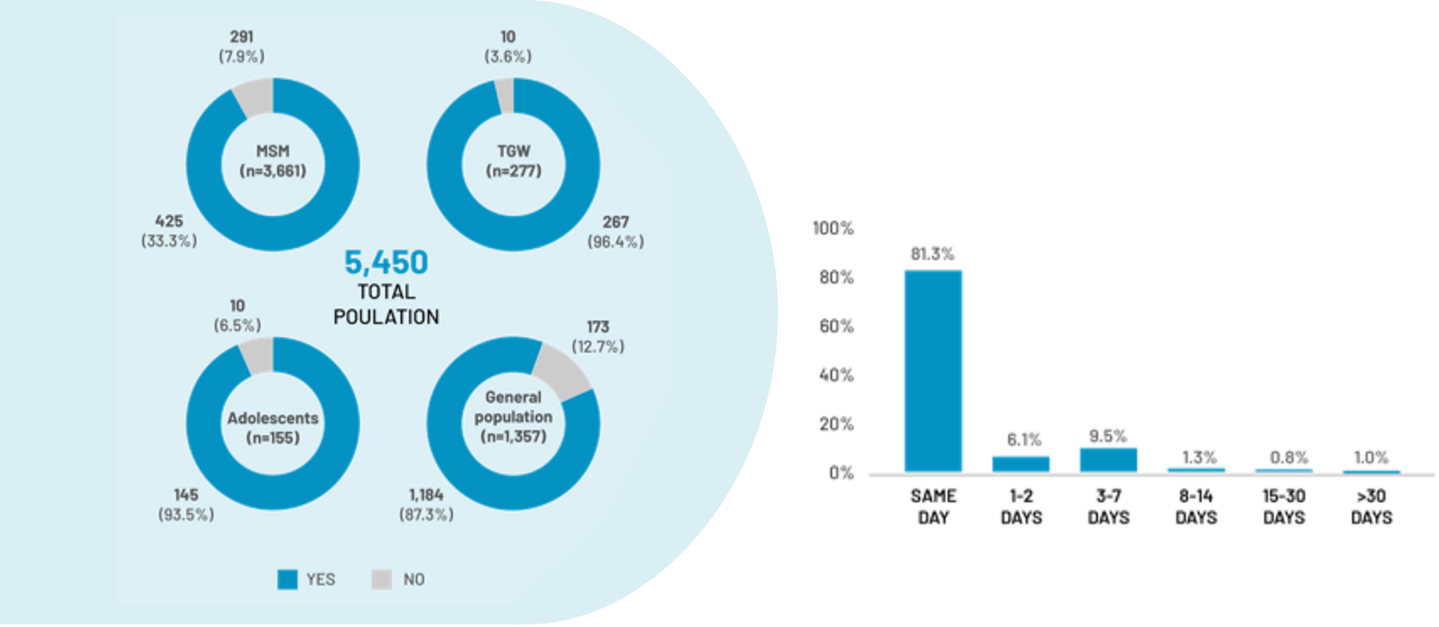
Improving treatment initiation through SDART and Rapid ART Initiatives

Treatment initiation has been facilitated by the change in treatment guidelines in 2014 which allow treatment to start at any CD4 level. An increasing trend of higher CD4 levels was observed (>350 cells/mm3) subsequently. Seventy-two percent had a CD4 test at ART initiation, there was an increase in the median CD4 count from to 157 cells/mm3 in 2008-2013 to 235 cells/mm3 in 2014-2020 (Tira-ananchai S, 2021).

There continues to be a challenge in early diagnosis and treatment in both private and public sectors. BMA reports that 44% of PLHIV tested for initial CD4 show low CD4 cell counts < 200 cells/mm3. In response, Bangkok has focused its effort to enhance early treatment access for all populations through Same-Day and Rapid ART Initiative, index testing and MMD. Improvements of treatment regimens are being introduced through the use of a fixed-dose combination of Tenofovir, Lamivudine, and Dolutegravir (TDL) and use of Dolutegravir (DTG).

Successful piloting SDART in Bangkok. In 2017, IHRI (formerly PREVENTION Department at the Thai Red Cross AIDS Research Centre) began implementing SDART to accelerate treatment initiation. Data from IHRI from July 2017-September 2020 show that SDART successfully put 81.3% of the clients (n=5,450) on ART on the same day they were diagnosed and a total of 96.9% of all clients on ART within 7 days (Phanuphak N, 2021). More than 90% of clients were retained in care at month 3 and 6. This SDART programme has been highlighted as one of Bangkok best practices for the Fast-Track Cities Initiative. See Figure 9 below.

Figure 9: SDART in Bangkok, IHRI 2021

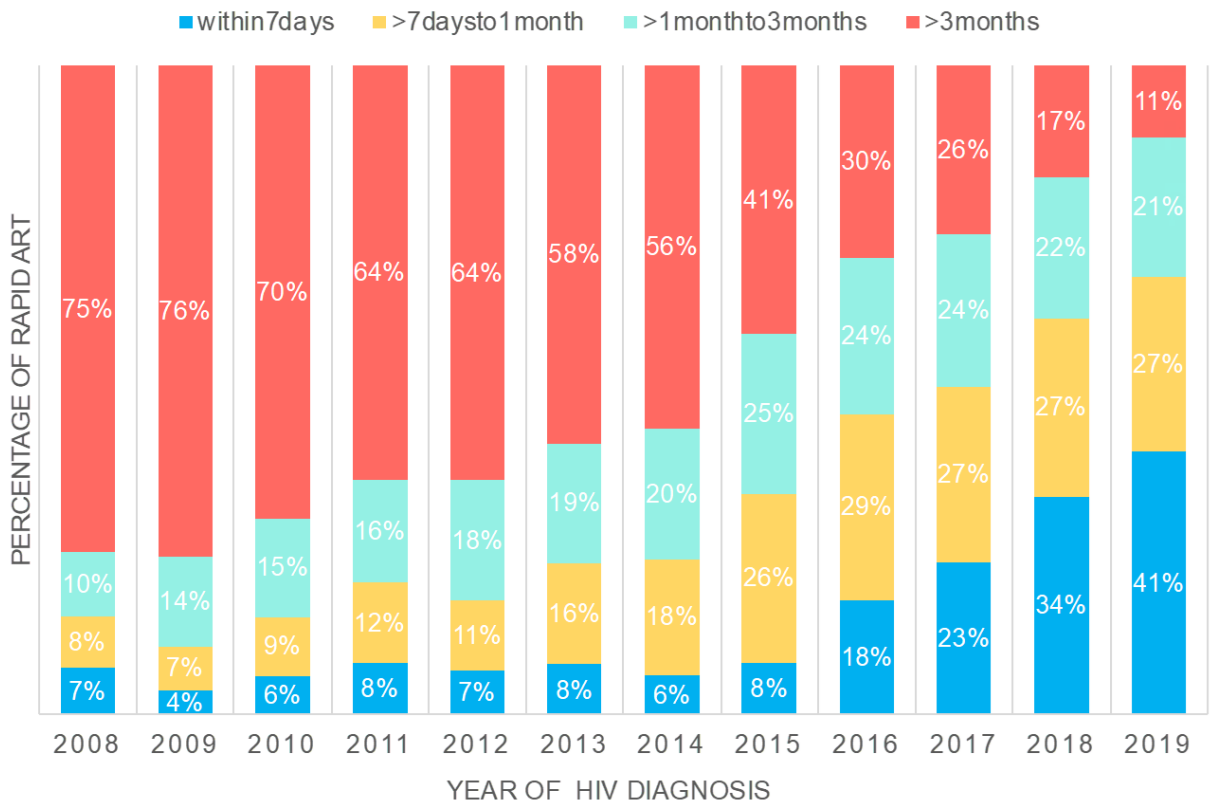


USAID LINKAGES project and EpiC project

Data on treatment in Bangkok from the National AIDS Program shows a trend towards PLHIV receiving treatment within 7 days (from 6% in 2010 to 41% in 2019). See Figure 10 on Rapid ART in Bangkok. Moreover, data from BMA hospitals in 2020 show that 79% of PLHIV (n=390) were put on treatment within 7 days of being diagnosed. 29% were put on treatment on the same day of diagnosis.

These available data provide a promising scope for further expansion of SDART and rapid ART programming in Bangkok.

Figure 10: Rapid ART in Bangkok



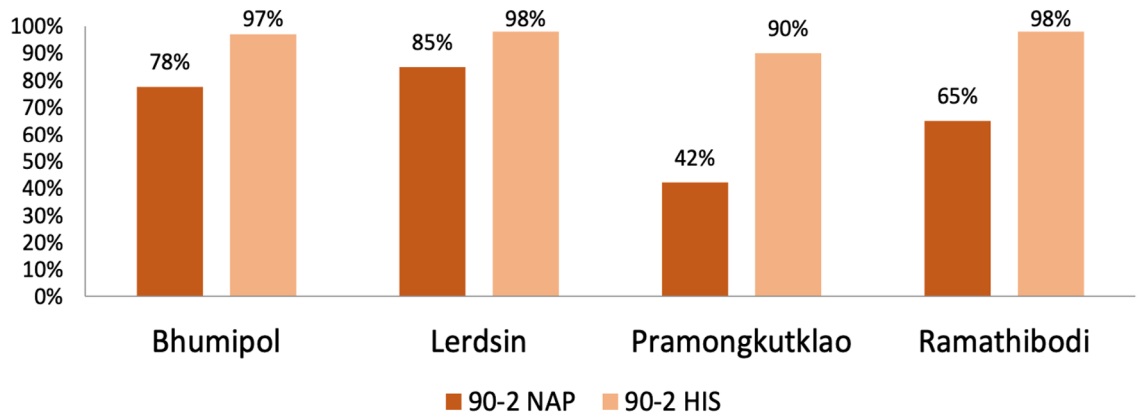
Making a difference in expanding treatment support for key populations and migrant workers: A notable initiative to address treatment gaps was the inclusion of migrant workers in BMA treatment programming. Through its treatment champions at several Health Centres have taken this initiative to leverage BMA's resources and capacity to remove barriers in accessing treatment among this marginalised group. This initiative is complemented by the Global Fund which provides additional financial resources that have resulted in BMA's improved ability to reach a broader set of clients for HIV services including PrEP for MSM, TGW, PWID, SW and other risk groups such as sero-discordant couples at the BMA facilities. BMA has taken strategic action and provided budget support to remove structural barriers to treatment arising from restrictive geographical eligibility to treatment.

As a result, those in need of treatment can obtain it without the need to travel back to their place of original registration. This contributes to reducing treatment delay and loss. It is considered a model for other health facilities outside of BMA to learn from and replicate.

BMA has strengthened links between prevention, care and treatment services so that they are client friendly. This involves working more closely with key population-led organisations to ensure that services are more accessible to these groups. Referral to HIV treatment services are being expanded through partnership community health centres at RSAT, SWING and Ozone. An important dimension of this approach is the inclusion of migrant workers in BMA treatment programming which is funded from its own budget as well as financial support from the Global Fund. Collaborative interventions for HIV, STIs, TB and hepatitis are places as a primary focus of BMA health facilities. The system of data reporting is being expanded to include all public and private hospitals as well as community outreach services.

Enhancing programme and data quality to improve HIV treatment and care services. This has improved ART coverage, retention in care and viral load testing coverage among MSM, TG and PLHIV in the HIV clinics. The Network of Ending AIDS in Bangkok (NEAB) has been established to strengthen data quality and to improve HIV service delivery – PrEP, index testing, SDART, MMD, TLD transition, loss-to-follow up management, TPT and VL laboratory alert system. This is in the second phase of implementation with 9 participating hospitals. In the assessment of treatment data in 4 hospitals (Bhumipol, Lerdsin, Pramongkutklao and Ramathibodi), treatment initiation at the end of second semester of 2020 was found to be even higher (90-98%) than the data reported at the end of the third semester in the same year in the National AIDS Program (42-85%) which are mainly used to report the second 90 performance. See Figure 11 above from BMA/TUC, 2020. This revealed that underachievement of the second 90 was contributed by underreporting of ART initiations, inconsistent use of definition of ART in different systems and the unknown number of PLHIV.

Figure 11: Treatment coverage in 4 hospitals in Bangkok, June 2020 (BMA/TUC)



Data from NAP report as of Q3/2020, and HIS as of Q2/2020 from baseline assessment

BMA has recently launched the Bangkok Site Monitoring System (BSMS) to improve data quality for enhancing HIV services. BMA is strengthening its laboratory services and quality management system to support HIV treatment and care services. Further work to enhance data quality and strengthen reporting from various health care schemes is ongoing.

Mobilizing resources for sustainable development

Bangkok city plans and resources are adapted for a Fast-Track response to HIV, tuberculosis, viral hepatitis and other diseases within the context of an integrated public health approach. Innovative funding strategies have been developed and additional resources have been mobilized to end the AIDS epidemic by 2030 through increased domestic financing. This has mainly been allocated to support treatment services.

BMA has the resources that are required to end AIDS in the city. The annual budget includes $3 million a year from the government. This does not include health care staff costs and programme management. BMA resources are complemented by donor funding (annually $300,000 from CDC/PEPFAR; and $20,000 from the Global Fund for coordination). CDC/PEPFAR funding support focuses on developing innovative models for addressing service

delivery gaps, implementing new interventions to accelerate ending AIDS and strengthening human resource technical capacity and monitoring and evaluation. In addition, it is estimated that $1-1.5 million from USAID/PEPFAR is an annual spending for HIV programming for key populations in Bangkok. There is a potential for BMA's resources be mobilized for scaling up and sustaining HIV programming.

Since 2016, the Thai National Health Security Office has made an annual budget of approximately US$6 million available nationally to civil society organisations (CSOs) for HIV prevention among key populations, including outreach activities and recruitment of key populations for HIV testing (Vannakit et al, 2020). The Table 6 below shows the approximate amount provided by NHSO to support RRTTPR activities for key populations and the amount provided to CSOs in Bangkok.

Table 6: Number of key population individuals reached with HIV prevention activities

Year	Approximate amount provided by NHSO to support RRTTPR among high-risk populations in Bangkok (USD)	Approximate amount provided to CSOs in Bangkok (USD)
2018	323,812	316,777
2019	920,000	432,335
2020	947,083	667,842
2021	723,842	495,684

Along with other partners, BMA has provided support to CBOs in obtaining accreditation in service delivery leading to enhanced institutionalisation and increased domestic financing for lay providers. Certification and accreditation schemes for key population-led organisations enable them to receive government financing that helps them to improve the technical quality of service provision. BMA support was therefore essential to enable these organisations to provide vital HIV services. As a result, CBO partners in Bangkok have made substantial progress in increasing domestic financing for key population-led services. By 2019, they received approximately $1 million from NHSO (Vannakit R, 2019, PEPFAR ROP Planning Meeting).

Eliminating stigma and discrimination

The Bangkok City response focuses on responding to stigma and discrimination in health facilities. This has involved the training of 12,380 health care staff in the past years using eLearning and stigma and discrimination reduction training through BMA. A significant decline in PLHIV avoidance or delay in obtaining health care services because of fear of stigma and discrimination has been found in surveys from 2015-2019.

The CBOs working with key populations in Bangkok are providing training on human rights which includes attention to stigma and discrimination. The Global Fund has provided funding for an initiative implemented by Foundation for AIDS Rights and its partners to establish a legal support system to address human rights violations due to stigma and discrimination. BMA hospitals have invested in strengthening capacity of health care providers to enhance positive attitudes towards PLHIV through their participation in the national training on stigma and discrimination.

U=U has been effective in reducing stigma associated with PLHIV, including self-stigma (Harvard Health Publishing, 2020). U=U has only been implemented at the TRCARC since 2017 as a key message in its same-day ART initiation. It has not yet been widely implemented in other health care settings to empower people living with HIV and to encourage PLHIV to start ART to achieve and maintain their “untransmittable” status and live normal sexual and social lives (Phanuphak N, et al, 2020).

Barriers to implementing U=U include inadequate knowledge, research misinterpretation, and mis- conception around U=U among the general public and health care practitioners. In Bangkok and Thailand, U=U has not been much discussed or understood because of stigma and discrimination that has been associated with HIV for a long time. Misconceptualisation and perceived complexity of U=U messaging have been cited by stakeholders as key barriers for implementing U=U at BMA health care facilities. Some stakeholders interviewed indicated their concern that training of health care providers alone will not be sufficient. Moreover, it is reported that the science of U=U may be inaccessible for some people including some health care providers. There is also a concern on U=U that may contribute to a reduction of condom use which can result in increased STIs.

Key messages

Results to date

Bangkok has made steady progress in its commitment to the Paris Declaration towards elimination of AIDS and offers many important lessons to other fast track cities. The gains need to be sustained and scaled up to address the remaining gaps. The review of the Bangkok City HIV response can be summarised as follows:

- Steady progress is being made towards ending AIDS in Bangkok. This needs to be consolidated and sustained. There are some conspicuous successes. The most notable meet the targets set for 2020. These are:
    - The elimination of mother-to-child transmission (Zero new infections: HIV+ infants at birth)
    - The declining number of deaths among PLHIV (Zero deaths);
    - The percentage of PLHIV who know their HIV status (The first 90); and
    - The percentage of PLHIV who are on ART and who have viral suppression (The third 90).

The progress with regard to these targets all of which have been met for 2020 provides a strong and encouraging platform going forward with the 2025 targets to 2030.

- There remains work to be done across the spectrum of key populations, particularly in relation to epidemic control as shown by the under achievement of the other key targets below which were not met by 2020:
    - The number of new HIV infections (Zero new infections);
    - The percentage of stigma and discrimination in health facilities (Zero stigma and discrimination); and
    - The percentage of PLHIV receiving ART (The second 90).

These represent critical areas that need to be met to eliminate AIDS. These are arguably the most challenging issues that need to be addressed more intensively and at a faster pace. The most promising interventions such as PrEP and SDART need to be scaled up and sustained.

Enabling elements towards ending AIDS in Bangkok

- **A long-term plan to end AIDS in the city developed by BMA has provided the vision, the key indicators together with short and longer-term strategies to achieve the ambitious ending AIDS goal.** A political enabling environment is increasingly inclusive of key population organisations in which BMA has demonstrated leadership in developing the strategic approach in the city and expanding the scope of its partnership.

- The City has prioritised **using local evidence to inform the city response** – Bangkok is the first province to have developed an HIV estimation, pioneered implementation research for policy change, used high-quality research that has informed decisions not only for the city response but also national policies.

- The City has **collaborative partnerships** among government, communities, academia and research institutions which are at the heart of the city's HIV response.

- **The City has given priority to a people-centred approach with effective innovations to its HIV response.** A strategic framework for an effective, people-centred and locally appropriate city response to HIV is in place to guide effective action. There are innovative programmes such as KPLHS, PrEP, TG programming, technical support for CBO accreditation and domestic financing which are contributing to building an appropriate response reflecting needs.

- **The City has made a significant difference for key populations and migrant workers.** The BMA strategy includes provision for building the capacity and empowerment of PLHIV and key populations as well the capacity of civil society organisations to collect, interpret and use strategic information. There is also the development of mechanisms to address the problems of key populations and PLHIV as well as to protect their rights. HIV treatment has been extended to the most marginalised populations such as migrant workers.

- BMA has effectively leveraged **city health care system** by integrating HIV services close to the people. Public health facilities of BMA have made great progress in providing same day and rapid ART initiation among newly diagnosed PLHIV as well as provide 3 months or more multi-month dispensing of ARV.

- BMA has taken strategic action to **remove structural barriers to treatment** arising from restrictive geographical eligibility to accessing Universal Health Coverage (UHC), resulting in better access to treatment. The BMA public health facilities as well as primary health care centres have made significant progress in providing same day and rapid ART initiation services as well as implementing multi-month dispensing of ARV to improve access to treatment.

- **Health system strengthening is another key enabling factor for BMA and all partners to improve data quality and enhance HIV services.** Systems to support quality assurance of service delivery such as the Network of Ending AIDS in Bangkok and the Bangkok Site Monitoring System have been set up to further enhance City HIV programming as well as data harmonisation across various heath care facilities and schemes.

- **Institutional capacity within the health system has been steadily built to implement a range of key innovations and to measure results.** BMA health facilities have received technical assistance and training to enable them to achieve results. CBOs are becoming more central and capable in their role, particularly in relation to rolling out KPLHS. An important development has been the accreditation of CBOs to enable them to provide differentiated HIV services to their peers. Resources both domestic and donor-funded have been mobilised to support these activities.

Towards 2030

- The City should **further capitalize on expanding effective innovations and partnerships to advance progress in RRTTRP**. This will involve bringing together stakeholders and partners to discuss evidence, programme challenges and identify solutions for timely programme improvements towards ending AIDS by 2030. Of particular importance will be partnerships to enable the scaling up of PrEP, the expansion of SDART and TG health services and the integration of STIs and HIV services including self-testing and addressing Hepatitis B/ Hepatitis C.

- **A stronger emphasis on stigma and discrimination reduction** is needed to address the human rights issues as well as anachronistic legislation that targets and criminalises key populations. The persistence of HIV-related stigma and discrimination is well documented and is clearly instrumental in reducing the effectiveness of the Bangkok City response to HIV and AIDS. More effort needs to be given to overcoming misunderstanding and perceived complexity of U=U messaging among health care facilities.

- **No-one will be left behind in the Bangkok City HIV response.** A stronger focus on all key populations is needed with insights from intersectionality analysis to ensure that there are no important gaps in programming. In particular, increased investment is needed for PWID, young MSM and TGW and non-venue-based sex workers. More investment in evidence-based planning for PWID will be critical for ensuring their needs are adequately met. Strengthening programming for and participation of young people in the Bangkok Fast-Track Cities Initiative will be key to eventual success in ending AIDS. BMA has provided service and budget support to HIV services for non-Thais including migrant workers. This should continue and a secure funding mechanism can be a role model for other countries in the region.

- **Further mobilisation of resources** will be made through a social contracting mechanism for CBOs and key population-led organisations while intensifying support for accreditation and domestic financing. Resources for health system maintenance, human resource capacity building, monitoring and evaluation should also be planned to cover external sources of fund which may be reduced in the future.

- **The current Bangkok AIDS Strategy should maintain an inclusive approach to better reflect the progress made and the remaining challenges such as stigma and COVID-19.** The Bangkok City HIV strategy could be usefully updated to include the 2025 targets, to consolidate the gains achieved since 2017, to address the missed 2020 targets and to ensure the achievements of the 2030 targets. The City HIV response will continue to

galvanise and unite partners in achieving the common goal of ending AIDS by 2030. BMA is currently piloting a new HIV recent infection surveillance system to identify clusters of HIV new infection which will inform targeted public health interventions and stop further transmission. Data from recency testing and acute HIV diagnosis can be used to support tracking of progress towards the 2025 targets in Bangkok.

> Being selected for the Circle of Excellence Award is a reflection of the achievements since 2014 and beyond. The recognition that comes with this award has been earned with hard work and the persistent effort and commitment of the BMA, as well as the strong partnership of key stakeholders at all levels. Moreover, bringing together political leaders with affected communities is a powerful way to accelerate the HIV response in the city.

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